MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/528504

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/					
3	/					
4		9				
5		8				
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45					/	/
46					/	/
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TOTAL IND.	3	↓	1	↓	3	↓
TOTAL DEP.	9	←	0	←	17	←
TOTAL CLAIMS	12		1		20	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

PTO-1360 (REV. 9/83)

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